

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL035024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 09/08/2015
NAME OF PROVIDER OR SUPPLIER FRANKLIN MANOR ASSISTED LIVING CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 100 SUNSET DR YOUNGSVILLE, NC 27596		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments This report is of a Followup Survey done by Bob Getchell on September 8, 2015. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 3. Based on observation, the Building was not maintained in a safe and operating condition because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documentation required to ensure a properly working system. Followup Findings on 9-8-15 include: b. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in March 2015, there has been no recording on the tag of the monthly inspections.	{C 189}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE